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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted With Initial  
Filing      OR      ☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number      0119-013

First Named Inventor      Adam Zadok

**COMPLETE IF KNOWN**

Application Number      /

Filing Date      herewith

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SUPPORT FOR HAND HELD CAMERA

the specification of which      (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)      as United States Application Number or PCT International

Application Number      and was amended on (MM/DD/YYYY)      (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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09954917-091701

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OAS 0851-0032

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label 28502 OR ☒ Correspondence address below

Fred E. Baker

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ZIP

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Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the lies so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Adam  
(first and middle if any)

Family Name Zadok  
or Surname

Inventor's  
Signature

Date

Cicero

Illinois

USA

Italy

Residence: City

State

Country

Citizenship

1623 S. 56<sup>th</sup> Court

Mailing Address

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Illinois

60804

USA

City

State

Zip

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle if any)

Family Name  
or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

Zip

Country

☐ Additional inventors are being named on the supplemental (Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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## DECLARATION — Utility or Design Patent Application

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Freling E. Baker <b>Name</b>					
12625 High Bluff Drive Suite 203 <b>Address</b>					
San Diego <b>City</b>		CA <b>State</b>		92130 <b>ZIP</b>	
USA <b>Country</b>		(858) 350-9520 <b>Telephone</b>		858) 350-9570 <b>Fax</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Adam		Family Name or Surname	
Zadok					
Inventor's Signature				Date	
Cicero <b>Residence: City</b>		Illinois <b>State</b>		USA <b>Country</b>	
Italy <b>Citizenship</b>					
1623 S. 56 <sup>th</sup> Court <b>Mailing Address</b>					
Cicero <b>City</b>		Illinois <b>State</b>		60804 <b>Zip</b>	
USA <b>Country</b>					
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature				Date	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	
<b>Citizenship</b>					
<b>Mailing Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Country</b>					
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

0954917-091701

Sent By: Baker and Eddy LLP

Please type a plus sign (+) inside this box →

PTO/SB/01 (02-01)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number

Filing Date

First Named Inventor

Adam Zadok

Group Art Unit

Examiner Name

Attorney/Deputy Number

0118-013

I hereby appoint:

☒ Practitioner at Customer Number

28502

OR

☒ Practitioner(s) named below:

Name	Registration Number
Freling E. Baker	24,078
Michael P. Edly	42,505

Place Customer  
Number Bar Code  
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioner at Customer Number

OR

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Individual Name

Freling E. Baker

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City

San Diego

State

CA

Zip

92130

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Telephone

(858) 350-9570

Fax

(858) 350-9570

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).

SIGNATURE of Applicant or Assignee of Record

Name

Adam Zadok

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of forms are submitted.

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PTO/SB/81 (02-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Adam Zadok

Group Art Unit

Examiner Name

Attorney Docket Number

0119-013

I hereby appoint:

☒ Practitioners at Customer Number

29502

OR

☒ Practitioner(s) named below:

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Name	Registration Number
Freling E. Baker	24,078
Michael P. Eddy	42,505

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	Freling E. Baker				
Address	12625 High Bluff Drive Suite 203				
Address					
City	San Diego	State	CA	ZIP	92130
Country	USA				
Telephone	(858) 350-9520	Fax	(858) 350-9570		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

Name	Adam Zadok
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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